

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 222-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P010000029613**

Michael L. Weimorts, P.A.

400003877064--6  
-03/19/01--01051--023  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

01 MAR 22 PM 12:41  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 19 AM 11:23  
RECEIVED  
DIVISION OF CORPORATION

WI-6163  
TS

Signature \_\_\_\_\_

Requested by: ICC 3/19  
Name Date Time

Walk-In Will Pick Up \_\_\_\_\_

3-22-01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 19, 2001

CAPITAL CONNECTIONS, INC.

SUBJECT: MICHAEL L. WEIMORTS, P.A.  
Ref. Number: W01000006163

*Resubmit*

We have received your document for MICHAEL L. WEIMORTS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 101A00016609

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01 MAR 22 AM 10:44  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I  
NAME**

The name of the corporation shall be:

**Michael L. Weimorts, P.A.**

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

Suite 209, The Plaza  
4507 Furling Lane  
Destin, FL 32541

**ARTICLE III  
SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time shall be:

One Thousand Shares  
One Dollar (\$1.00) par value

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is:

Michael L. Weimorts, Esq.  
Suite 209, The Plaza  
4507 Furling Lane  
Destin, Florida 32541

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TALLAHASSEE, FLORIDA

**ARTICLE V  
INCORPORATORS**

The name and street address(es) of the incorporator(s) to these Articles of Incorporation is:

**Name**

Michael L. Weimorts


**Address**

Suite 209  
4507 Furling Lane  
Destin, Florida 32541

**ARTICLE VI  
STATED PURPOSE**

The stated purpose of the corporation is the provision of legal services.

The undersigned incorporator has executed these Articles of Incorporation this 19<sup>th</sup> day of March, 2001.

  
\_\_\_\_\_  
Michael L. Weimorts, Incorporator

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.051 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**Michael L. Weimorts, P.A.**

2. The name and address of the registered agent and office is:

**Michael L. Weimorts, Esq.  
Suite 209, The Plaza  
4507 Furling Lane  
Destin, FL 32541**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 15<sup>th</sup> day of March, 2001

  
Michael L. Weimorts, Registered Agent

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA